



MEDICAL HOME DATA MONOGRAPH

Medical Homes for Children in Washington State

Washington State Department of Health, Office of Maternal and Child Health, May 2007

BACKGROUND:

About Medical Home

*“A medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is defined as primary care that is **accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective.**”*

American Academy of Pediatrics

A medical home is not a place; it is an approach to providing high quality, comprehensive primary health care services. Medical homes promote efficient use of limited health care resources. For the past 20 years, the focus of Medical Home has been on the population of children with special health care needs. It is now expanding to include all children and adults.

Studies show that children with special health care needs who have a medical home have less delayed care, less forgone care, fewer unmet health needs, and fewer unmet needs for family support services.¹ When children with special health care needs have a medical home parents report improved care delivery, fewer hospitalizations for their children, and a decrease in the number of days parents are unable to work.² In addition, children who qualify for the Vaccines for Children program were more likely to receive vaccinations on time if they had a medical home.³

The medical home approach is supported by the American Academy of Pediatrics, the American Academy of Family Physicians, National Association of Pediatric Nurse Practitioners, American College of Physicians, American Osteopathic Association, Family Voices, and the US Maternal and Child Health Bureau. A national Healthy People 2010 goal is that all children with special health care needs will receive coordinated, ongoing, comprehensive care within a medical home.

METHODS:

Measurement of Medical Home

The components of a medical home are numerous. The American Academy of Pediatrics identified 37 qualities that make up a medical home.⁴ The Child and Adolescent Health Measurement Initiative (CAHMI) developed a uniform measure of medical home to be used in population-based surveys such as the National Survey of Children's Health (NSCH).⁵ For the purpose of measurement,⁶ a child must have the following characteristics to be considered as having a medical home:

1. Have a personal doctor or nurse.
2. Have had preventive care in the past year.
3. Get needed care.
4. Receive family-centered care.
5. Have easy access to specialists or equipment.
6. Have follow-up care after receiving specialist care or equipment.

DATA:

Children with Medical Homes in Washington State: Data from the National Survey of Children's Health

One Family's Experience

Misha, a two-year old boy in a Russian immigrant family, is not talking and shows no interest in toys. He runs away from his parents, spits on people, and screeches. His parents have a hard time taking him anywhere, and are worried about his development.

At the doctor's office, they talk about their concerns with the help of a translator. The doctor listens and screens the child for autism spectrum disorder and developmental delay. The doctor develops a brief, written care plan for Misha and his family, based on her medical expertise and input from the family. She refers Misha to early intervention services.

That very day the family is connected with a person in the clinic, who walks the family through the referrals and community resources, including parent support groups such as Parent to Parent and Fathers Network.

Office staff flag Misha's medical file with a "child with special health care needs" label. Every time his parents call, staff can see that he has special needs and schedule a longer appointment.

An estimated 49% of all Washington children from birth to age 17 years met all six components of a medical home in 2003 (Table 1). This estimate is from the Centers for Disease Control and Prevention (CDC) administered National Survey of Children's Health (NSCH). The NSCH is a telephone-based survey of parents. This estimate is similar to the US rate of 46%.⁷

Results on **race and ethnicity** show that Hispanic children were less likely to have a medical home compared with non-Hispanic white children. However, Hispanic children were more likely to live in poverty, compared with non-Hispanic white children. When poverty status was taken into account, the difference between Hispanic and non-Hispanic whites was no longer significant. The survey found no differences between other racial groups. No information was available for the American Indian and Alaska Native population.

Children whose families speak a **language** other than English were also less likely to have a medical home compared with English-speaking families. However, rates were similar when poverty status was taken into account.

Younger children (age 0-4) were more likely than older children to have a medical home.

Families with incomes below 100% of the federal **poverty** level and households whose members had less than 12 years **education** were less likely to report having a child with a medical home. However, these two characteristics are often associated - families whose members had less than 12 years of education were also more likely to have lower income. When using a statistical test to examine income and education at the same time, low income was no longer related to having a medical home. Those with less than a high school education were still less likely to have a medical home, compared with those with more than a high school education. When examining this by the six criteria that make up medical home, those who have less than a high school education were less likely to report that their child received needed medical care, had a personal doctor or nurse, or received family-centered care.

Children with **health insurance** were more likely to have a medical home than those without health insurance. Children who had private health insurance had the highest rate of medical home, followed by children who had Medicaid or State Children's Health Insurance Program (SCHIP). Both private insured children and those with Medicaid or SCHIP were significantly more likely to have a medical home compared with children who did not have health insurance. This relationship remained even after controlling for income and education.

Overall, children with **special health care needs**⁸ had a similar rate of medical home as those without special health care needs.

Table 1: Characteristics of Children Ages 0-17 who have a Medical Home, Washington State, NSCH 2003 (N = 1,913)		
	%	95% CI
Overall percentage	49	46 , 51
Race/ethnicity		
Non-Hispanic White	50	47 , 53
Non-Hispanic Black	39	25 , 55
Non-Hispanic Asian	49	35 , 63
Hispanic	41	34 , 48
Age of child		
0-4	63	58 , 67
5-9	48	42 , 53
10-14	41	37 , 46
15-17	41	36 , 47
Gender of child		
Male	49	46 , 53
Female	48	44 , 52
Poverty status		
< 100% FPL	41	33 , 49
100-199% FPL	50	43 , 56
200-399% FPL	45	40 , 49
≥ 400% FPL	58	54 , 62
Language spoken at home		
English	50	47 , 52
Non-English	38	29 , 47
Health insurance of child		
Private	52	49 , 55
Medicaid or CHIP	46	40 , 51
None	26	18 , 36
Special Health Care Needs		
Yes	45	39 , 51
No	49	46 , 52

Examining the Medical Home Measure

When looking at each of six criteria of the medical home measure, some occurred more often than others (Table 2, last column). For example, among all children in Washington State, approximately 85-90% received needed care, had personal doctors or nurses, had easy access to specialists or equipment, or received family centered care. However, only 78% of children received preventive care within the past year, and only 54% of parents reported that their doctors or nurses did follow-up care after their children received care from a specialist or obtained special equipment.⁷

**Table 2: Percent of Children Meeting Medical Home Criteria
Washington State, NSCH 2003**

	Special Health Care Needs (n = 334) %	No Special Health Care Needs (n = 1,598) %	All Children (N = 1,932) %
Personal doctor or nurse*	92	85	86
Preventive care in past year*	92	75	78
Gets needed care	87	91	90
Family-centered care	89	84	85
Easy access to specialist or equipment*	77	91	85
Follow-up on specialist or equipment	49	58	54
Meet all six criteria of Medical Home measure	45	49	49

* Statistically different (p < 0.05) based on chi-square test.

Children with Special Health Care Needs (CSHCN) and Medical Homes

In Washington State, approximately 45% of the children with special health care needs⁸ (CSHCN) had a medical home in 2003. The measurement of CSHCN is based on parent report of a condition lasting 12 months or longer that limited ability and required specific medical, social, or educational services and/or prescriptions. This rate is not statistically different from the rate of 49% for all children (Table 1).

From parent reports in the NSCH, CSHCN were more likely to have personal doctors or nurses or to have received preventive care in the past year, compared with other children. However, CSHCN had more difficulty accessing specialty care or special equipment. Approximately 77% of CSHCN were reported as having easy access to specialists or equipment, compared with 91% of those without special health care needs who needed specialists or equipment (Table 2).⁷

ACTIVITIES:

Medical Home Promotion

Washington State Senate Bill 5093

The passage of Senate Bill 5093 during the 2006-2007 legislative session, also known as the **Children's Health Insurance** bill, increases health care coverage for children in order to improve access to care within a **medical home**. Children impacted by this bill are those who live below 300% of the Federal Poverty Level (approximately \$62,000 for a family of four in 2007).

Other statewide efforts to increase access to medical home include:

- The Healthy Coalition for Children and Youth
- Washington Chapter of the American Academy of Pediatrics
- Docs for Tots
- Children's Alliance
- Department of Social and Health Services
- Washington State Partnership for Youth

RESOURCES:

Medical Home Model

Washington State Medical Home Web Site <http://www.medicalhome.org/>

American Academy of Pediatrics National Center of Medical Home Initiatives for Children with Special Needs www.medicalhomeinfo.org and <http://www.aap.org/>

The Center for Medical Home Improvement www.medicalhomeimprovement.org/

Improving Chronic Care www.improvingchroniccare.org/

National Initiative for Children's Healthcare Quality (NICHQ) www.nichq.org/nichq

Links to external resources are provided as a public service and do not imply endorsement by the Washington State Department of Health. All links were correct at time of publication.

In 2006, the Washington State Department of Health's Children with Special Health Care Needs Program met with partners from family organizations, health care provider groups, state agencies, health care plans and other groups to develop and launch a Washington State Medical Home strategic plan for CSHCN. This 2010 Strategic Plan was built on the 2000 "Promise to the State," Washington's original "road map" for achieving medical homes for all CSHCN. The plan is available online at:

<http://www.medicalhome.org/4Download/strategicplan.pdf>.

Awareness of the need for medical homes for children continues to grow in Washington State. The medical home model of care is promoted in many key state documents including the Washington State Board of Health's 2006 State Health Report. This report outlines the formation of the Healthy Washington Workgroup as requested by Governor Gregoire. The workgroup includes several state agencies and its purpose is to craft a prevention agenda for the state of Washington. The prevention agenda is focused on five goals. One of these goals is to "increase the proportion of children and youth who have a medical home."

Additionally, Kids Matter, a collaborative and comprehensive strategic framework for building an early childhood system in Washington State, aims to improve physical and mental health outcomes for children. Kids Matter identifies specific achievable outcomes with respect to: (1) Access to health insurance and medical homes, (2) Mental health and social-emotional development, (3) Early care and education/child care, and (4) Parenting information and support. For more information about Kids Matter, visit this Web page

<http://www.earlylearning.org/kids-matter>.

Other States' Websites:

Utah Collaborative Medical Home Project: <http://medhome.med.utah.edu/>.

Medical Home portal for Utah- detailed diagnosis-specific information, billing/coding tips and more.

Oregon Medical Home Project: <http://cdrc.ohsu.edu/oscsn1/medicalhome/index.html>

Diagnosis-specific care guidelines, Oregon services for special needs, and more. Information for health care providers, families, and educators.

Illinois Division of Specialized Care for Children: www.uic.edu/hsc/dscc/

Diagnostic-specific care guidelines, brochures for families and providers and more.

California and Los Angeles Medical Home Projects: www.medicalhomela.org/

Medical Home training modules for providers and more.

Center for Children and Infants with Special Needs, Cincinnati Children's Hospital

www.cincinnatichildrens.org/svc/alpha/c/special-needs/

See especially the Special Needs Resource Directory, a national model.

Southwest Institute for Children and Families with Special Needs (Arizona):

www.swifamilies.org/medhomes.htm Medical Home project has articles for parents and forms for health care providers. Main website also has information on adolescent health care transition.

Vermont Child Health Improvement Project (VCHIP): www.med.uvm.edu/vchip/HP-DEPT.ASP?SiteAreaID=513

Model for how quality improvement activities can be used to bring together state partners to improve health care services for children. Based at the University of Vermont, College of Medicine, VCHIP collaborates on many health care quality improvement projects locally and nationally. These include child development, newborn and childhood preventive services, ADHD, asthma, foster care, prenatal care, opiate-exposed newborn care and adolescent health.

The National Center of Medical Home Initiatives for Children with Special Needs has state specific medical home pages at: <http://www.medicalhomeinfo.org/states/index.html>.

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¹ Strickland, B., et al. (2004). Access to the Medical Home: Results of the National Survey of Children With Special Health Care Needs. *Pediatrics* 113:5 (1485-1992).

² Palfrey, J., et al (2004). The Pediatric Alliance for Coordinated Care: Evaluation of a Medical Home Model. *Pediatrics*. 113:5 (1507-1516).

³ Smith, P., et al. (2005) .The Association Between Having a Medical Home and Vaccination Coverage Among Children Eligible for the Vaccines for Children Program. *Pediatrics*. 116:1 (130-138).

⁴ See the AAP Medical Home Policy Statement (<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;110/1/184>) for more detail.

⁵ This measure was created to calculate medical home in the National Survey of Children's Health, National Survey of Children with Special Health Care Needs, the Medical Expenditure Survey, and the HEDIS Consumer Assessment of Health Plans.

⁶ The measurement does not include every quality typically used to define a medical home. See the AAP Medical Home Policy Statement (<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;110/1/184>) for more detail.

⁷ 2003 National Survey of Children's Health. Data available at <http://www.cdc.gov/nchs/about/major/slats/nsch.htm>

⁸ Children with special health care needs (CSHCN) are those who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who require health and related services of a type or amount beyond that required by children and youth generally.